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AUTHOR Cline, Rebecca J.; Gifford, Carol J.
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ABSTRACT

Rhetorics of death and dying have created socially constructed realities of death since primitive times. Although the denial of death has been common, the twentieth century has seen a rhetoric of denial unique in its absoluteness and its primary form, silence. A stance of total alienation toward death has been taken, separating people from experiences associated with death. Events of the 1960s and 1970s such as assassinations, deaths during demonstrations, and the Vietnam war provided the impetus for a new rhetoric of death and dying. Evidence suggests the emergence of a new rhetoric whose themes include the following: death gives life meaning, death is a process, and death is a shared phenomenon. Communication scholars can actively facilitate the emergence of an effective rhetoric that can adapt people to death and enhance life. (Author/DF)

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On the Threshold of a Rhetorical Situation:

An Emerging Rhetoric of Death and Dying

by

Rebecca J. Cline and Carol J. Gifford

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Rebecca J. Cline, (Ph.D., The Pennsylvania State University, 1975) is Assistant Professor of Speech Communication, University of Maryland.

Carol J. Gifford, (B.A., Temple University, 1979) is a Ph.D. candidate and graduate teaching assistant in the Department of Speech, Temple University.

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Abstract

Death poses a rhetorical problem. Humanity demands a personal reconciliation between the physicalness of life and the invisibility of death. In response to that demand, rhetorics of death and dying have created socially constructed realities of death since primitive times. Though denial of death has been common, in the 20th century we have practiced a rhetoric of denial unique in its absoluteness and in its primary form: silence. In the 20th century we have taken a stance of total alienation toward death, separating ourselves from experiences associated wtih death. Events of the 1960's and 1970's provided the impetus for a new rhetoric of death and dying. Evidence suggests the emergence of a new rhetoric whose themes include: death gives life meaning; death is a process; and death is a shared phenomenon. Communicologists can actively facilitate the emergence of an effective rhetoric, one that adapts humanity to death and simultaneously enhances life.

On the Threshold of a Rhetorical Situation:

An Emerging Rhetoric of Death and Dying

The problem is death. Its meaning is an old issue. From primitive times humans have wrestled with the argument: "The death of one's personal self is inevitable and final." So salient the issue that Becker (1973) concluded, "The idea of death, the fear of it, haunts the human animal like nothing else; it is the mainspring of human activity--activity designed largely to avoid the fatality of death, to overcome it by denying in some way that it is the final destiny for man" (p ix). Death is the issue that governs life. Over the centuries the philosophic and social struggles of each age constructed a reality about death for the times. Specific arguments about the nature of death provided different realities for different times. Those arguments contributed to a metamorphic process, giving birth to Western humanity's ultimate denial of death during our century: the refusal to validate death by acknowledging its existence. Silence has been the prevalent defensive strategy for managing death during the 20th century.

Arguments denying death were not unique to the 20th century. The pervasiveness, the thoroughness of the denial, was new, culminating in the ultimate alienated stance toward death. The issue, "The death of one's personal self is inevitable and final," can be broken into subclaims: (1) "death exists;" (2) "death is personal;" (3) "death is inevitable;" and (4) "death is final." At the depths of alienation, death symbolically "died". Western humanity refuted the issue by refusing to argue more. Silence prevailed. But unexpectedly, during the 1960's, our attention turned explicitly to death once more. We began to talk about death. The talk contains new arguments, arguments wholly supporting each subclaim of the death issue. At present we appear to stand on the threshold of a potential and dramatic reversal of our alienation

from the experiences and issues of death.

The purpose of this paper is to explore the existence, sources, and content of the emerging rhetoric of death and dying. We argue that images of death are created rhetorically, are socially constructed. Rhetorics of death and dying can be described in terms of arguments and themes, forms and functions. Various rhetorics of death were demanded in response to and shaped by human needs and events throughout history. We contend that: The rhetorics that characterized periods of history since primitive times are ineffective for our present needs. Not merely ineffective, those rhetorics contributed in part to our ultimate denial of death, our total alienation from the experiences related to death. Present symptoms suggest an emerging new rhetoric of death and dying. Humanity is now responding to a deep sense of separation from death as a reality. This rhetorical response is possible because of the philosophies and needs, events and institutions of the 1960's and 1970's. Characteristics of a new rhetoric, having potential for success where others have failed, can be identified and its development facilitated. In the process of arriving at our conclusions we address the following questions:

1. What is meant by "a rhetoric of death and dying?"
2. How has the issue of death been addressed by past rhetorics?
3. What are the sources of 20th century alienation from the issue of death?
4. What are the conditions, exigences, demanding a rhetorical reversal of that alienation?
5. What evidence suggests the emergence of a new rhetoric of death and dying?

We conclude by addressing the contributions that communication scholars can make to facilitate an effective rhetorical response to the problem of death

and dying.

Rhetorics of Death and Dying

Bitzer (1968) argues that, "Rhetorical discourse comes into being in order to effect change" (p 4). More specifically, "We need to understand that a particular discourse comes into existence because of some specific condition or situation that invites utterance" (p 4). Rhetoric is a response to the needs of a situation, a response that alters reality, alters the very situation demanding its presence.

Death provides the ultimate problem, thus the ultimate exigence. The issue of death created a need, demands a response. Our responses to death seem hopelessly ineffectual. If we concede that we connot finally control or remove death physically, we are left to suffer the unknown, an unseeable, but certain future state. Not knowing, uncertainty, leaves us anxious when we are personally involved in that uncertainty. Becker (1973) argues that the universal fear of death is "all consuming when we look it in the face" (p 15). He contends that the repression of death is a natural process, allowing us the contentment to live our lives to their fullest capacity (p 21). The human problem is that the repression of death is constantly jarred, the issue raises its frightening head without rest. Feifel (1969) argues that the excessive repression of fears and angers about death may well be the root of contemporary violence and depression. Attempts to deny death have succeeded, at least temporarily, in some times past. Denial, in various forms, has been the rhetorical solution to a psychological, philosophical and symbolic problem of satisfying ourselves about the nature and meaning of death, both generally and personally. Thus, over the centuries, the problem has been addressed largely in the manner that Becker suggests: themes, arguments, and forms, functioning to deny death in a manner congruent with the historical

context. The situation, at each time in history, was tempered by the current philosophies and needs, events and institutions. Death exists as a problem because of its uncertain and unsearchable reality. What is certain is that answers to the problem are necessarily rhetorical. The problem of death demands a rhetorical response. Reality is shaped through communication. Death is inherently subject to social construction because of its un-sensible nature. Death cannot be directly sensed. Humanity demands a personal reconciliation between the physicalness of life and the invisibility of death. That demand creates a rhetorical situation.

Effective rhetorics adapt people to ideas and ideas to people in ways that provide a shared reality resolving current exigences, fulfilling current needs. In the case of death and dying, an effective rhetoric functions as an effective therapy. Costello (1972) suggests that the function of therapy, a kind of rhetoric, is to match the individual with the social systems in which he participates. "Through a communication exchange, the person is helped to accept the physical, psychological, and social constraints of his existence; he learns not to deplore what he is or what he has but to make the best of it" (p 421). An effective rhetoric of death and dying permits maximum personal "adjustment". In this context, adjustment means living life unimpaired by, and within full view of, the knowledge of death. Ideally, an effective rhetoric of death and dying enhances self-realization, enhances the quality of life, rather than simply prevents damage to life's quality. Ineffective rhetorics of death and dying cripple human beings through alienation from their experiences. Moody (1975) describes the case histories of people who experienced the phenomenon of "clinical death." The experience of clinical death directly confronts the "dying person with his/her personal death. This direct experience seems to be therapeutic in nature, allowing

the experiencer to become more self-aware, and facilitating the quality of life's experiences. The phenomenon of "clinical death" distinctly suggests that directly experiencing the issues and experiences of death, rather than becoming alienated from them, is the route to adjustment.

Thus, a rhetoric of death and dying can alienate us from death or confront us with death as a reality. Reality is constantly shaped and altered, and will continue to be so, whether or not we intervene in a manner conducive to an effective adjustment. The knowledge that we cannot not be rhetorical spotlights our problem: how to assure that the rhetoric that is created is an effective one in the terms we have specified.

Systems of Rhetoric

Though the presence of the issues of personal, final, and ultimate death have remained over periods of history, the specific situations in which the issues have been addressed varied significantly. Answers to the problem varied. Ehninger's (1972) notion of systems of rhetoric suggests that periods of history reveal rhetorical systems. He defined a system as "an organized, consistent, coherent way of talking about something" and rhetoric as "practical discourse, written or oral, that seeks to inform, evaluate, or persuade" (p 49). Recognizing that not all discourse within a given period is identical, i.e., that there are rhetorics rather than one rhetoric, it is still possible to find "trends and emphases that are dominant" (p 50). According to Ehninger, the value of such an approach is that it points to the nature of rhetoric as time and culture-bound. Rhetorics arise from "felt needs partially shaped by the intellectual and social environment in which the need exists" (p 55).

In an earlier paper we applied Ehninger's theory of rhetorical systems to an historical tracing of attitudes and arguments surrounding the issue of death and dying. Here, shall only briefly summarize the history, while focusing on the rhetorical themes of the times.[8]

Past Responses to the Rhetorical Problem

Hegel defined history as being "what man does with death" (Feifel, 1971, p 3). Throughout history, the subject of death has been managed through acceptance, denial, romanticism, and fear. For most of history, the issue of death has been a major topic of address. At times, death has been a consuming preoccupation. More recently the issue of death has been avoided. Using historical evidence allows us to see what events helped to shape the reality of death and dying for past societies, resulting finally in our contemporary problem.

The argument addressed is: "The death of one's personal self is inevitable and final." The subclaims: existence, personalness, inevitability, and finality of death, received differential focus and differential acceptance. Six time periods, with distinct realities of death can be identified: Primitive Times (?- 600 B.C.); The Era of the Philosophers (600 B.C. - A.D.); The Era of Collective Death (300 A.D. - 1200 A.D.); The Renaissance, An Era of Personal Death (1200 A.D. - 1600 A.D.); The Era of Preoccupation with the Death of Others (1600 A.D. - 1900 A.D.); and The Era of the Disappearance of Death (1900 A.D. - 1960 A.D.).

Primitive Times (? - 600 B.C.). In Primitive Times, the subclaim addressed was: "Death is inevitable." Evidence suggests the prehistoric belief that humans were created deathless and did not need to die. Death occurred only by "accident" or outside intervention. The reality of death as lacking inevitability was conveyed largely through the form of myths. The cultures of Babylonia and Assyria believed in exceptions to death. Primitive cultures of more recent times hold congruent beliefs. The Gilgamesh Epic, the earliest known document about death (dated between 1600 and 1250 B.C.) provides the first evidence of the realization of death as inevitable (Gaster, 1952, p 43; Mason, 1970, pp 97-98).

The roots of skepticism about an afterlife appeared around 1200 B.C. As the realization of death as inevitable occurred for the first time, the issue of the finality of death also appeared. With the transition from primitive beliefs to maturing expressions about death, came the first rhetoric of death. The questions that emerged then have remained over time: Is death inevitable? Final? Personal? Characteristic of primitive times was the response: Death is not inevitable.

The Era of the Philosophers (600 B.C. - 300 A.D.). This era was marked by addressing the claims: "death is inevitable," and "death is final." Finality appears to have been the primary question, as death was generally claimed to be inevitable. The issue of finality resulted in the question: Is there some kind of immortality? Some philosophers viewed death as final, arguing it to be a part of the natural process. These included the sophoi and the older stoics (Choron, 1963, pp 45-46, 60, 283). But more predominantly the era was marked by rhetorical attempts to deny the finality of death. Philosophers denied the finality of death in several ways. A predominant rhetorical form of denial was the use of metaphor. e.g. Death was called "a sound slumber," "a dreamless sleep," and "a migration" (Choron, 1963, pp 43, 47)

A second predominant form of denying the finality was sublimation, or the substitution of values. The value of the soul was replaced with the value of the body. If the soul was assured to be immortal, bodily immortality was less problematic. Philosophers who focused on immortality included Pythagoras, Socrates, and Plato (Choron, 1963, pp 33, 43; Taylor, 1958, pp 183-208). The value of living was transferred from body to soul, thus denying final and annihilatory death. For others, duty and honor, truth and knowledge, were acceptable substitutes, more important than death. If the soul gained these values through death, then physical death was unimportant. The individual might not survive, but the cosmic plan provided for continued existence through high meaning.

Into this mixture of philosophies came Christianity which finally promised immortalit through the ressurection of both body and soul.

The Era of "Collective Death" (300 - 1200 A.D.). During this era, people seemed strongly united in the acceptance of the inevitability of death. Christianity supported the claim that death was inevitable, a claim made acceptable by belief in an afterlife for both body and soul. Anniliation of the self in any form was fully and eternally denied. By 380 A.D. Christianity had become the official religion of the Roman Empire, destined to dominate the social construction of the reality of death for nearly a thousand years to come.

A second issue clearly addressed in this era was the personalness of death. Christianity supported the view that death was a collective rather than a personal phenomenon. "Et moriemur," we all shall die, rather than individuals shall die (Aries, 1974, p 55).

This unanimous denial of the finality of personal death was based on the Christian view that all would be joined together in eternity. Because of this belief, death was neither feared nor dreaded but was accepted. It is not difficult to see why such beliefs prevailed if we consider what was happening in the Western world at that time.

The era includes the Fall of the Roman Empire (476 A.D.) and the Dark Ages. These events enhanced a belief in the insignificance of the personal self. While learning continued in the monasteries, the common people, workers in the feudal system, believed that the end of the world was imminent. Their existence seemed unimportant, and since the church promised them life after death, life was simply preliminary. Death, in the collective sense, was accepted as inevitable and was prepared for simply, as a matter of passage to the after-life.

The Era of Personal Death (1200 - 1600 A.D.). With the Renaissance came a rebirth of the significance of the individual. Ancient cultures and education were

rediscovered, encouraging individuals to think for themselves. The New World was discovered; natural sciences were studied once more. The increased awareness of self redirected the issue: Is death personal? The church now taught that death was a time of individual judgement. Death was accepted as personal. But acceptance of death as personal rode on a wave of fear. Awareness of "la mort de soi," one's own death, brought deep fear, leading to a preoccupation with death (Aries, 1974, p 52,55). The arguments: death is inevitable, and death is personal, were undergirded with evidence of why death should be feared.

Judgement was so feared that mortality seemed preferable. The times put faith in the individual. Individuals began to accept the doctrine of self-control over their lives. Simultaneously, empirical and scientific evidence suggested the improbability of eternal life. The claims: death is inevitable, death is a very personal event, and death is final, were broached simultaneously for the first time in history as possibilities by a substantial portion of the people.

The Era of Preoccupation with the Death of Others (1600-1900 A.D.). A continued and greater preoccupation with death characterized this era. Unique was the shift in focus from death of self to the death of others. Fear of mass death emerged. With the occurrence of the Protestant Reformation the Church lost its absolute control over much of the Western world. With this loss of control, the the security of eternity for body and soul slipped away. The rhetorical claims supported early in this era were: "death is inevitable," and "death is final." With stronger acceptance of death as final, people were weighted with death as a total annihilation. In response to this hard-to-bear weight, and in conjunction with medical, social and psychological advances, emphasis was shifted from a personal death to "la mort de toi," the death of the other person (Aries, 1974, p 56). Preoccupation with death grew, but shifted in focus. The claim, death is personal, was thereby refuted. Literature and art of the era reflected the

preoccupation with death. The separation of death was intolerable, life precious. The use of symbols and metaphors helped to soften the intolerability. The poet-philosophers romanticized and glorified death, using such metaphors as "heavenly meadows," where one would be reunited with loved ones and live a blissful existence (Choron, 1963, pp 156-158). In this era, elaborate customs and rituals helped to soften the pain. A new form of death denial emerged. Use of private burial , burial gardens, funerals, embalming, and ritualized mourning customs provided denial of death through symbolic immortality: keeping alive the memory of the dead loved one. This represented a return to the pre-Renaissance strategies of refuting the claim "Death is final."

This era was entrenched in a fear of mass death. Insulation from death was sought through the use of funeral homes and hospitals. "Professional help" with death allowed treating death as impersonal -- the person becomes a thing. Simultaneously the breaking of extended families through increased mobilization and divorce, separated the youth from the deaths of the family's elder members. The increased emphasis and value placed on youth, in combination with social forces separating families by age groups, paved the way for the symbolic disappearance of death.

The Era of the Disappearance of Death (1900-1960 A.D.). Preoccupation with the loss and grief experienced over death in the nineteenth century gave way to a progressively growing tendency in the twentieth century to ignore death, both of self and others. With Modern technology, advanced disease control, urbanization, increased longevity, nuclear power, and space exploration has come such a denial of immortatlity, both personal and historical, that death itself has been ignored, isolated, hushed-up--firmly denied. Death, supposedly no longer existed.

The socially constructed 20th century reality made these claims: "death is not personal:" "death is not inevitable;" "death is not final." Death is not.

The epitome of the denial of death had been achieved. Two world wars and the development of nuclear warfare insured a fear of mass annihilation, thus diverting attention from the individual, diverting the concern for personal death.

Medical technology, functioning to advance longevity, combined wiht the removal of the elderly (those most likely to die) from the mainstream of society, removed the outward appearances of death as inevitable. Those who would soon die were placed in hospitals. Mourning customs were removed from the home to other locations reserved for the purpose. The issue of the finality of death disappeared with the emergence of the supported claim: death is no more. Death was ignored by isolating the dying and the dead. By making death physically invisible, the claim that death no longer existed became tenable. Simultaneously and finally, death moved toward rhetorical invisibility. If death no longer existed, the arguments of personal death, inevitability and finality of death, were moot. Dealing with death meant protecting ourselves from death, both physically and symbolically. Only the death of an infant or young person made death impossible to ignore. These deaths were accompanied by extreme grief and anger.

H. L. Mencken in his Smart Set (1919), pointed to the silence which has surrounded the subject of death when he said: "Go to any public library, and look under 'Death: Human' in the card index, and you will be surprised to find how few books there are on the subject." (Hendin, 1973, p 11). Milton Mayer in his more recent book, If Men Were Angels, written in 1972, wrote of death: "the paper-thin bibliography of the subject is eloquent testimony to the invincibility of our ignorance" (Hendin, 1973, p 11). What written work on death and dying existed was technical. not designed to change the reality of a society which had implicitly agreed to avoid the issue.

There is ample evidence that in the 20th century we have rigorously practiced a rhetoric of the denial of death, unique in its absoluteness, and in its primary form of denial: silence. We had made a tacit agreement to avoid talking about

death. As early as 1918 Freud noted our implicit agreement: "We have shown an unmistakable tendency to put death aside, to eliminate it from life" (Hendin 1973, p 10). The results of Shneidman's (1971) Psychology Today questionaire on death and dying further substantiated the avoidance of death as a topic of discussion.

> So forbidden has death been in our culture, that one-third of the respondents (10,000) could not recall from childhood a single instance of discussion of death within the family circle. In more than one third of the families, it was mentioned with discomfort, and in only 30% was death talked about openly. (p 44)

A recent "Peanuts" cartoon illustrates and acknowledges the extent to which silence had become the rule in managing death. Charlie Brown wasn't feeling well and went to the emergency room of the hospital. He worries: "So this is what its like to be in the emergency room ... I wonder if I'm dying. I wonder if they'd tell me if I were dying ... I wonder if they'd tell me if I'm not dying ... Maybe I'm already dead ... I wonder if they'd tell me" (Schultz, July 13, 1979). We had become fully and completely alienated from death as an experience and an issue. How did we arrive at such absolute alienation, the separation of ourselves from experiences associated with death?

The Roots of Modern Alienation from Death

By 1960 our culture had fully alienated itself from experiences of death and dying. The socially constructed reality, a product of events of the century, yielded the radical view that death existed no more. Death was taboo physically

and symbolically. As with other forms of communication, the axiom "One cannot not communicate," rang true (Watzlawick, Beavin, & Jackson, 1967, p 49). Silence has meaning, prolonged silence more so. Bruneau (1973), in his essay on the communicative forms and functions of silence provides insight into potential meanings of silence. He contends that "silence as a communicative function is complex and profound" (p 42). While Bruneau speaks primarily about silence as a form in interpersonal dialogue, his thinking enlightens the meanings of silence in social dialogue. Several potential meanings for silence are relevant here. Three functions performed by silence appear to work in the dialogue of the 20th century shaping the reality of death. (1) Silence clarifies by destroying continuity of thought (Bruneau, 1973, pp 18-19). Silence stops the pace of immediately preceding dialogue. We may assume that the silence, in regard to death, of the 20th century served to break with the arguments of the previous era; silence served to create new arguments. (2) Silence implies leaving the burden of communication to other participants in the dialogue (Bruneau, 1973, p 20). Our silence regarding death seemed to imply a feeling of inadequacy about death. En masse we waited, hoping for others to find meaning. And finally, the third function of silence informs the previous functions. (3) Silence functions to communicate emotions ... particularly intense grief, sorrow, and great disappointment ... "Words are difficult to find" (Bruneau, 1973 p 34). Considered holistically, prolonged silence in the social dialogue of death arose from dissatisfaction with previous dialogue and intense feelings of loss. Previous dialogue was preoccupied with death, creating immortality through memory. Our loss, our grief, was for ourselves. We mourned the passing of our own immortality. The pain was so excruciating that we were unable to continue addressing the issue. But the issue remained: "The death of one's personal

self is inevitable and final."

The prolonged silence of the century indicates so intense a grief that we refused, and to a large extent, continue to refuse, to engage in explicit dialogue about death. Having arrived at a state of personal and social mourning, why did silence remain the response to the issue of death? Silence progressed into alienation. Feelings about death were so intense that they could not be borne. Thus we engaged in a social destruction, a removal of ourselves from experiences with death. i.e. We entered a state of alienation (as the term is used by Laing). Alienation is a process. It unfolds out of past experiences and the inability to deal with those experiences directly. That inability is largely a communicative product.

Laing, (1967), in The Politics of Experience contends that "Experience is the only way of knowing, of creating a reality individually or socially, is through direct experiencing of phenomena. But, he continues, "much of human behavior can be seen as a unilateral or bilateral attempt to eliminate experience" (p 25). Our behaviors depend on our experience, yet we destroy much of the evidential basis for behavior.

Alienation is the separation of the person from his or her experience, often as a defense mechanism. Laing suggests several means by which interpersonal communication results in the alienation of one or both parties. If personal alienation from one's experiences is a communicative product, then by extension we might assume that the alienation of a society, is also a communicative product. Social alienation results from the destruction of socially shared experience through social dialogue. If we, in the 20th century, have arrived at social alienation in regard to experiences associated with death, we should be able to locate some of the interacting sources of that alienation, in communicative processes. Alienation is the product of

prolonged invalidation of experience. Invalidation of experience can take several forms: (1) We can invalidate the signigicance of an experience, (2) We can invalidate the modality of an experience, (3) We can invalidate the actual content of an experience. And, (4) we can invalidate by inciting guilt within the person for experiencing the experience (Laing, 1967, p 36). Several of the forms described by Laing are particularly relevant to the destruction of our experience of death.

How have previous rhetorics of death and dying contributed to 20th century alienation from death? How has the social dialogue surrounding death been so invalidating as to destroy our ability to experience death and related feelings and events? Previous dialogue shaping our reality of death has functioned to destroy our ability to experience death by invalidating the significance of death (including the positiveness/negativeness of death, and its personalness). Ultimately, we attribute much importance to death. A consensual experience of humanity seems to exist. Our direct experience of life suggests the importance of death. The significance arises out of the unknown, largely a response of fear. The social dialogue about death has at specific times in history functioned to invalidate our experience of the significance of death. The arguments that death is positive because it provides a release from life, and that death is a reward, appearing around 1200 B.C. are the first recorded attempts at altering the valence of our experience of the significance of death. Arguments from the Era of the Philosophers suggesting that death is merely a natural process rather than something extraordinary or something important attempted to undermine our experience of death as having any significance, regardless of the valence of the significance. Christiantiy attempted to alter the significance of death by making the death of "we" the focus. Christianity, by suggesting that death itself was unimportant, that

it was merely a passage to a later life, displaced significance to the afterlife. In the Era of Personal Death, the social dialogue suggested that the significance of death was solely negative -- death was to be feared, a time of judgement. During the Era of the Preoccupation with the Death of Others significance was shifted away from personal death to the death of other persons, removing once more, the personal significance of death. Finally, in the 20th century the dialogue moved from the explicit to the implicit. Silence might be taken to suggest that the subject needed no address, was insignificant, resulting in invalidation of death as content for human experience. Throughout history, the social dialogue creating the reality of death has consistently functioned to invalidate the significance of personal death in the experiences of people, resulting ultimately in the disintegration of death as content for human experience.

Social dialogue shaping death as reality has functioned to destroy our ability to experience death by invalidating our experience of the mode of death. Our fear of death rises out of the experience of death of the physical self as final. Physical finality as a mode of death has been invalidated throughout history. Primitive humanity simply failed to accept death as inevitable, dismissing the issue of finality. Immortality of the spirit as a replacement for the physical self had its roots in primitive times as well. Philosophers (600 B.C. - 300 A.D.) contributed by dealing with the finality of death by shifting concern to cosmic order, to the soul, and to higher values. The mode of death was shifted from the physical bodily self to values such as truth and knowledge. Metaphors contributed to that invalidation, by replacing annihilation of the physical self with sleep, migration, etc. Christianity refocused on the body, but denied the finality of death entirely, for both body and spirit. With the Renaissance came some validation

for the experience of death as physically final -- perhaps the only time in previous history. The response was not necessarily positive, however, since that validation was accompanied by focused concern for punishment in that final death. Death was final, but might be very painful. The response was terror. During the era from 1600-1900 A.D., the experience of death as final was tempered by efforts to elongate life. Finality was tempered by invalidating the imminance of death.

The 20th century marked a return to primitive-like beliefs, and to a primitive-like invalidation of the modality of death. Death was not accepted as inevitable, thus the issue of finality was once more skirted. When death did occur (only to others) rituals and customs emphasized the preservation of the physical self. Cosmetics and embalming functioned to deny the finality of the physical self. Thus, throughout history, social dialogue, creating the reality of death, has consistently functioned to invalidate the mode of death as being a final and physical annihilation.

Our direct experiences, resulting in fear, anger, sadness, and disbelief, suggest that death is inevitable. Direct experiences are subject to alteration by social dialogue. Previous dialogue shaping our reality of death <u>invalidated the central content of our experience</u> of death, that death exists inevitably. The endproduct is the use of arguments, themes, and forms which function to deny the very existence of death. Results of this process include guilt and finally alienation. <u>Invalidation is furthered by the inciting of guilt</u>. In response to religious explanations, we may feel guilty for fearing death. (e.g. "How dare I worry about death when a higher being had taken care of me?") The various forms of invalidation of experiences of death have occurred throughout historical dialogue, constantly shaping and reshaping a reality of death, contributing ultimately and finally to a full alienation of selves from our abiltiy to experience death. Silence was our only possible response.

Our silence seems a symptom of repressed grief, underlying grief. It masks our inability to openly and directly experience death and its related events and emotions. Silence, a defense and an experience in itself, marked most of the 20th century. Yet now there appears evidence that the silence is being broken, that there is a need to once more take up an explicit social dialogue on the issue: "The death of one's personal self is inevitable and final."

Why, after centuries of complex rhetorical dialogue, functioning to deny some or all of the central claims of the death issue, has the wall of denial, the refusal to face the issue squarely, started to crumble?

Demands of the 1960's and 1970's for a Rhetorical Response to Alienation from Death

The events of the 1960's and 1970's provided the impetus for a new rhetoric of death and dying. Forces including the Viet Nam war, assassinations, space travel, the Cuban Missile Crisis, the declining viability of the church, increased feelings of personal insecurity, and the emergence and acceptance of humanistic philosophies in response to a seemingly inhumane world, all contributed to the demand for a more effective rhetorical response to the issue of death. The demand emerged from five specific situational characteristics: loss of spiritual meaning, constant and prolonged confrontation with meaningless death, the potential for mass annihilation, recognition of the limitations of technology, and the emergence of humanistic philosophies.

Loss of Spiritual Meaning

The Western world, while experiencing a declining potency in the church since the era from 1600 - 1900 A.D., still gained much of its meaning for life from organized religion. Recent decades mark dramatic declines in that influence, with The Gallup Opinion Index (The Gallup Opinion Index, Dec., 1975, p) reporting a decline in U.S. church attendance from the last 1950's

through the 1970's. In response to the question, "Did you happen to attend Church in the past 7 days?" the Index reported an affirmative response from 49% of the respondents in 1955. By 1960 the figure dropped to 47%, falling to 44% by 1965. The decline continued to 42% in 1970 and finally to 40% in 1975. If church attendance is an indicator of the ability of organized religion to provide overall meaning for life and death, that source of meaning has rapidly deteriorated.

In conjunction with this source of spiritual loss, universal and cosmic meanings experienced a blow from innovatinns of space exploration and travel. The universe itself had been demystified. The possibility of an afterlife "out there," a heaven, seemed less and less likely. The concept of the three-storied universe had been exploded. The meaning of life itself was unclear, with no apparant and clear source of replacement.

Constant and Prolonged Confrontation with Meaningless Death

The 1960's confronted us almost daily with deaths for which we had little explanation, which we had difficulty fitting into a pattern of meaning. The assassination of John F. Kennedy, the assassination of Martin Luther King, the assassination of Robert F. Kennedy -- in whose lives the meaning of the decade had been entrusted by many people. The constant reports of death in Viet Nam, in a war for which we had little meaning nor explanation. The deaths of students at Jackson State and Kent State, deaths occurring in response to other meaningless deaths ... none of which held consensual meaning. In this country, the population had experienced constant death before -- in World War I and WW II. But those wars seemed to provide a framework of meaning for the deaths. Those deaths were not believed in vain nor meaningless. In contrast, the kinds of death we were exposed to dramatically during the 1960's, failed to fit into a larger framework of values and meanings.

On a daily basis death confronted us, without relief. The ability to continue denying the existence of death by silence seemed impossible. Evidence lurched at us each day, daring to deny our claim that death no longer existed.

The Potential for Mass Annihilation

While later in the decade, Viet Nam provided some evidence for mass death on a smaller scale, it was the entrance into the age of nuclear warfare during the 1940's that made clear that with little warning, and little effective means to counteract it, mass annihilation of populations was possible. For the Western world, nuclear warfare had little direct meaning. We had not experienced it; we were not in danger of being the targets. The realization of the impact of nuclear arms became clearer during the 1960's. The Cuban Missile Crisis of 1962 educated us on the potential for mass annihilation by making the U.S. a potential target. The Soviets also had nuclear arms and had placed them at our Cuban doorstep. During the 13-day crisis Americans were subjected to air-raid drills, instructed on actions to take in event of attack, and directed to the locations of fallout shelters. The potential for mass death became a reality. The meaningless deaths in a decade marked by the loss of spiritual meaning, made death virtually undeniable.

Recognition of the Limitations of Technology

The 1960's was a decade of technology. The space age provided us with many byproducts. In addition to space flight, satellites, marvels of calculators, teflon, computers, advanced electronics, etc., we had come to believe that most of our problems could be readily solved by technology. The late 1960's and 1970's confronted us with a realization of the limitations of technology. Urban crises continued. Human rights issues abounded. Viet Nam was lost. Energy problems seemed unabated by technology. Recession and inflation became everyday words. In the area of death, cryogenics had failed.

We began to realize that not all problems were technologically relievable. Some answers must be symbolic, rhetorical. Many of the problems of the 1970's are not, apparently, solvable via technology.

The Emergence of Humanistic Philosophies

During the late 1960's humanistic philosophies emerged. Tenets of the philosophy include: "The self is important." Focus on the individual was revived. The philosophy included a belief in self-responsibility, that each of us must decide our own destiny, and take responsibility for it. The person-centered approaches to counseling and psychotherapy reflected the emergent philosophy. A second tenet of humanistic philosophy is the importance of and respect for individual experience. Experience is all we have as a way of knowing. That experience was held sacred, with each person having a right to his/her own perceptions, and feelings -- regardless of the experiences of others.

The events, philosophies, and institutions of the 1960's and 1970's created a set of needs. The loss of spiritual meaning, the constant exposure to death, the potential for mass annihilation realized, the recognition of the limitations of technology, and the emergence of humanistic philosophies constitute the rhetorical situation in which we now live. Contemporary rhetorics of death and dying had refuted in part and in whole the argument that "The death of one's personal self is inevitable and final." The needs of the present make that argument wholly untenable. We can no longer deny the existence of death. Angrily, we can not expect physical answers to the problem of death. Religious institutions appear to be failing to meet the exigences of the times. Humanism suggests that the answers to the problem rest in addressing the issue directly and experiencing the issue, rather than in ignoring, remaining silent. And in directly addressing the issue of death,

we come face-to-face with the issue of the significance of life itself. In response to the situation, a new rhetoric appears to be evolving. What evidence is there that a unified rhetoric is emerging? How is this rhetoric different from previous rhetorics, which failed to offer the solution to our present problem?

Evidence of a New Rhetoric

The social construction of reality is a negotiated process. As participants we must validate that reality socially, or accept validations of that reality, in order for the reality to persist. The reality of death as nonexistent, prevalent from 1900 - 1960, markedly failed to receive continued validation through the philosphies, events, institutions and needs of the 60's and 70's. The social vehicles of validation refused support. Couched in remnants of past rhetorical systems, a new rhetoric of death, constructing a new reality, seeks to emerge. That rhetoric reflects basic arguments in direct opposition to the arguments and claims of the past. Previous rhetorics, partially or entirely, argued that (1) "death does not exist," (2) "death is not personal," (3) "death is not inevitable," and (4) "death is not final." The theme that the existence of death makes life futile and the theme that death is a single event, to be refuted, avoided, and denied, are gradually being replaced with new themes.

Evidence of Change

Feifel (1959) spoke to a need which was emerging in American society. Since his book, ther have been numerous indications that many people are committed to reversing the rhetoric of denial by silence to a rhetoric of an awareness of life through acceptance of death. Feifel and Kubler-Ross have been joined by numerous others generating talk about death. In 1978, Fulton, reported that the number of publications on death had jumped from

400 or more than 4000 since 1964 (Fulton, 1978, p 56).

Indications of a need to deal more directly with death included the response to a Psychology Today questionnaire on "You and Death" (Shneidman, 1970, p 43). The response was overwhelming. Thirty-thousand readers completed and returned the questionnaire. Two thousand also sent personal letters wtih the questionnaire. The magazine editors concluded that, according to these statistics, their readers were more interested in the subject of death than in the subject of sex. (The questionnaire on sex had elicited only twenty-thousand responses.)

Other, more generally distributed magazines, such as Newsweek, are devoting whole sections to death and dying, and newspapers with wide circulations are running articles on such concerns as dying with dignity, including a recent one by Kubler-Ross. It is no longer unusual to find segments of TV talk shows or information programs dealing with aspects of the topic of death.

Films within the past few years have not only shown sentimental approaches to death (e.g., "Love Story") but have also dealt with psychological aspects of death (e.g., Bergman's "Cries and Whispers"). A Temple University student filmed the last weeks of a young boy's life and won an Academy Award for his sensitive and realistic treatment of the subject of death in "You See, I've Had a Life" (Levin,"You See, I've Had a Life," 1972). Broadway plays, such as "Cold Storage" and "Shadow Box" deal with the subject of death. Colleges and universities are offering death-related courses more frequently, but evidence of awareness of death is beginning to show in public school curricula. Examples include: a course on life cycles at the Prairie School in Prairie Village, Kansas, and a sociology class from Pompano Beach High School in Florida which studied cremation ("Living with Dying", Newsweek, 1978).

Signs of change in the health care fields include courses on death and dying, aging concerns, hospices, and changing emphasis on youth. The taboo against discussing death has been challenged.

Irish (1971) summarizes the current mood which is changing the rhetorical situation of silence surrounding death and dying. He says:

> There are...renewed stirrings of interest regarding the topic of death within professional groups and the lay public. The American public...is confronted by numerous phenomena which distress them because they are life and death issues -- actual and potential war casualties, highway accidents, environmental pollution, population pressure, increased domestic violence, capital punishment debate, abortion, and euthanasia legislation, and anatomical gifts acts, among others. Death as a concept death in its many problematic forms, and death as a final fact of the life cycle all engender great current interest. Change is underway." (pp 65-66)

He gives a startling piece of evidence: "the other day I even saw a light blue hearse" (pp 66)!

Rhetorical Themes

Increased communicational focus on the topic of death characterizes the present. Within that focus some themes consistently appear thus far. We need to accept death. Kubler-Ross (1975) makes a persuasive argument that in order to fully live life, one must first accept death:

> We could not convey to our colleagues that we are all dying -- that we all have to face our finiteness long before we are terminally ill. This is perhaps the

> greatest lesson we learned from our patients: LIVE, so you do not have to look back and say: "God, how I have wasted my life." (p XIX)

Kubler-Ross attempts to persuade her audience of health-care professionals and the general public that it is necessary for each individual to recognize that each person is in the process of dying, Kierkegaard's "I too, must die" (Choron, 1963, p 222). In describing stages she has observed dying patients to go through, she notes acceptance as the final stage. Whitlock (1978) points out that this form of acceptance is not just " a tired resignation after a long struggle; nor is it a happy sense of accepting a reality in which the patient finds the joy of ultimate fulfillment. It is more an emotionless acceptance of the real situation, but one that includes a sense of peace and dignity" (p 177).

Feifel maintains that denying, ignoring, or repressing the concept of death distorts life, and that acceptance of death as a "necessity" might well allow a more constructive approach to life. Feifel quotes Poz, the Mexican author and diplomat as having made the statement, "a civilization that denies death ends up by denying life" (Irish, 1971, p 12).
Death gives life meaning, vitalizes life. Kubler-Ross argues that the individual must face his or her own finiteness before the occurrence of a terminal illness. It is through this realization that life takes on meaning and is not "wasted". The acceptance of a final point in life informs the quality of the individual's life regardless of the quantity of years.

However, Kubler-Ross was not the first to argue that the recognition and acceptance of death is a fundamental step toward the vitalization of life. Long ago, Seneca (45 B.C. to 65 A.D.), tutor of Nero and an influential Roman, in his letter to Lucilius, "On the Shortness of Life," said

that if life appeared short, it was only because "we make it so; we are not ill provided but use what we have wastefully." Life was wasted, he argued on "groundless regrets, foolish gladness, greedy desire, polite society," and then it only seemed as though death was premature. In our time, others share Kubler-Ross's idea. For example in 1953 Jaspers wrote: "If to philosophize is to learn how to die, then this learning how to die is actually the condition for the good life. To learn to live and to learn how to die are one and the same thing" (Choron, 1963, p 228).

Feifel echoed this theme:

> Death makes an authentic statement about life's actuality and meaning. It helps clarify and intensify our image of man and his world. Herein lies the summons to advance our comprehension of how death can serve life. To die--this is the human condition; to live decently and die well--this is man's privilege. (Green & Irish, 1971, p 12).

Abraham Maslow, commented similarly on death in the last tape recording he sent to a publisher: "If you're reconciled with death or even if you are pretty well assured that you will have a good death, a dignified one, then every single day is transformed because the pervasive undercurrent--the fear of death--is removed" ("Editorial: Abe Maslow, 1908-1970," 1970, p 16). The underlying theme recurs: acceptance of death provides new vistas for life. "Our dying gives our experience an intensity, and immediacy, a seriousness and an innocence that we have never known, or have forgotten . . . Dying again return us to this lingering of our senses, our emotions, and events in the appreciation of the life we are in" (Keleman, 1974, p 157).

Death is a process. All living things are in the process of dying. From

the moment of conception, human beings are in a process which leads to an ending point in life as we know it awareness and acknowledgment of that projected point in time can immobilize through fear, anger, depression or can energize the individual into assessing the value of each step in the process. Such an approach eliminates the phenomenon of "wasting time."

In a sense we are all "terminally ill.". Those specifically diagnosed as terminally ill face a more rapid progression through the process. Kubler-Ross (1969) identified five stages which many people experience in ANY crisis, particularly experienced by dying patients. The stages are: denial and isolation, anger, bargaining, depression, and finally acceptance. The existence of stages suggests the process-nature of death.

Death is a shared phenomenon. Death does not happen to an individual in isolation. The process of death affects not only the dying, but also those who have had contact with the dying. Stages in the process of dying are commonly experienced by those sharing the process. Loved ones experience the disbelief , anger and depression. The emotional traumas shared by loved ones are enhanced rather than diminished when they are shielded from the process, rather than share a part in the process. The health care professions are realizing the tragedy of isolation. Dying patients are being brought back into society through programs such as Hospices which advocate caring for the terminally ill at home, surrounded by loved ones. An important part of this alternative approach to death is bereavement counseling for those who remain after the death.

A study by Rees and Kins matched survivors of a family death with other persons of the same age and sex who had not suffered a bereavement. Their results showed that in a 12-month period following the death of a loved one, the mortality rate among the survivors was significantly greater than among the non-bereaved subjects. The rate of mortality increased as the closeness of the relationship increased. Accidental and sudden unaccepted deaths were

associated with a doubled rate of survivor death ("Medicine," Newsweek, 1967, p 16).

The new rhetoric replaces denial, diversion, and silence with direct confrontation with death. The new rhetoric demands that we deal with our own death in order to more fully live life. The themes of the emerging rhetoric make clear that death is a very special problem, existing as a rhetorical situation, demanding new rhetorical answers.

Conclusions: Potential Contributions of Communicologists

Evidence suggests the existence of a unique rhetorical situation. the need to confront issues of death and dying are evident. Readiness is apparent. There is an inkling of a new and effective rhetoric of death and dying. While the need for a new effective rhetoric of death and dying is pervasive, the rhetoric is not. And the effectiveness of what has emerged to date is yet to be gauged.

Humans are symbol sharing. Our realities are created socially through negotiation of symbols. Communication is the key to altering shared realities about death and dying. How can communication scholars contribute to the formation of an effective rhetoric of death and dying?

The problems posed by death define the boundaries of a new area of health communication. Costello (1977) defines the functions served by communication between health professionals and patients as falling into four categories: diagnosis, cooperation, counsel, and education (p 559). While communication skills are essential to gaining information leading to the prognosis that a patient has little time to live, a second aspect of diagnosis, is more relevant to the problems of death. "Interpersonal communication is critical in the treatment of nondisease problems" (Costello, 1977, p 559). While a particular disease may be the cause of impending death, and while the immediacy of death may be lessened through communication, an important and often ignored function of communication is to deal with problems resulting from

the knowledge of impending death.

Most relevant to the problems of death are counsel and education. Because of the nature of the problems of death, the only form of treatment available is counseling. Costello cites Lennard and Bernstein (1969) as describing "a therapist as a professional who interacts with other persons, designated as patients or clients, for the purpose of changing them in some beneficial way" (Costello, 1977, p 561). In dealing with impending death, the health care professional needs to be concerned with the patient's adaptation to foreseeable death. Adaptation means accepting the limits of life, and creating a frame of reference for understanding life and death processes.

While counseling the dying patient is crucial, education of the general public about life/death issues hasgreater implications. While death itself cannot be prevented, preventative steps can be taken to limit its crippling effects on friends and family of the dying. Steps can be taken to alleviate the pain of acknowledging death, by making death part of reality. Death education presents the possibility of coming to grips with the issues in a planned, systematic manner, rather than being caught without answers in situations forcing us to face death. Becoming more aware of death as a reality, of the issues surrounding death, and one's answer to those issues, over time in a facilitated climate, is both more efficient (the issues can be dealt with in larger groups) and potentially more effective (allows enhancement of life within full view of death). Knowing about death and the emotions associated with it will not eliminate death nor the emotional responses to it, but may provide a new reality, allowing adaptation to death in an effective manner.

Some specific communication concerns within the boundaries of health communication include the following:

1. We need to identify the current language of death and determine its influence. What symbols are used? How does this language function? How effective is the language? Current language appears to incorporate many euphemisms and metaphors. The terms "passed away," "a sleep," and "a dream" stand for "terminal death." Our language appears to skirt reality, in a society already fully alienated from experiences associated with death. Language shapes reality. A new language may be needed to create a new reality.

2. Many dying patients want to talk about their feelings. They tend not to for several reasons, including (a) to protect those surrounding the dying patient, and (b) because they lack a language for dealing with death. Those "protected" by the dying person's silence include health care professionals. Health care professional tend to regard death as an instance of their own failure. Thus, instead of professionals helping the dying, the dying are helping and protecting health care professionals! Hendin (1973) points to the terminally ill woman who finally got her doctor to reflect, "You mean you think you're dying?" "I do," she said. When the doctor affirmed this, she smiled and said, "Well, I've finally broken the silence barrier" (p 89). A dying patient's communication about death should be facilitated to permit personal resolution of issues of death. Health care professionals need to be trained in skills specificly facilitating that discussion.

3. Counseling for family and friends of the dying is needed. It is important to deal with the emotions experienced at the death of a loved one. Parkes studied widows and identified three stages of emotions: numbness, acute yearning and protest, and an inability to see any purpose in the future (Hendin, 1973, p 148). These emotions may continue well into a year after after the spouse's death. Failure to respond to the needs of the friends and

family has serious implications for their health.

4. Mass media affords the opportunity to sensitize us to death as an important part of life. We need to discover patterns of treatment of death in various media forms and the implications of the images created. Media have contributed to shaping our concepts of death. Planned media interventions are possible means of facilitating an effective rhetoric, and thus an effective reality, of death and dying.

The problem of death is an old one. We stand on the threshold of a rhetorical situation. We both need and are ready for effective rhetorical responses to the issues of death and dying. Communication processes are central to shaping our reality of death, whether or not that reality is "healthy" in nature. Communicologists afford rhetorical answers to rhetorical issues. We can contribute to life enhancing solutions to the problem of death.

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